

INITIAL BAIL BONDSMAN LICENSE APPLICATION

FORM CODE: PSS_BA FEE CODE: 710

2 Year License Fee - \$900.00Check or Money Order payable to:
Treasurer, Commonwealth of Virginia
Application Fees are Non-Refundable**COMMONWEALTH OF VIRGINIA***Department of Criminal Justice Services***Private Security Services Section****P.O. Box 10110, Richmond, VA 23240-9998****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: www.dcjs.virginia.gov/pss/index.cfm****Status Hotline: (804) 786-1132 or 1-877-9STATUS**1. Applicant Name: _____
Last Name First Name MI

2. Social Security #: _____ or DCJS# 99- _____

3. Business Name: _____

4. ☐ Owner (Employer Bail Bondsman) or ☐ Agent Bail Bondsman Employee5. Mailing Address: _____
Number and Street City/Town State Zip6. Physical Address: _____
(if different than Mailing) Number and Street City/Town State Zip

7. Telephone: Residence _____ Business _____ Fax _____

8. May the Department provide information via an e-mail address? ☐ Yes ☐ No

9. E-Mail Address: _____

10. Type of Bail Bondsman: ☐ Surety ☐ Property

11. Do you have a high school diploma or GED?

☐ Yes Date Received: _____
mm/dd/yy☐ No If "No", you are not eligible to be licensed as a Bail Bondsman.

12. Are you an employee, the spouse of an employee or residing in the same household of an employee of a local jail; sheriff's office; state or local police department; or have you been appointed as a conservator of the peace pursuant to Article 4.1 (Section 9.1-150.1); or an employee of the Department of Corrections, Department of Criminal Justice Services, or local community corrections agency?

☐ Yes* ☐ No *If "Yes", you are not eligible to be licensed as a Bail Bondsman.

13. Have you, your agents, or your firm committed any act or omission which resulted in a license or legal credential being suspended, revoked, non-renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body? ☐ Yes* ☐ No

*If "Yes", attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

14. Have you submitted fingerprints for a Criminal History Check for the purpose of obtaining a bail bondsman license within the previous 90 days of this application?

☐ Yes ☐ No*

*If "NO", you are required to submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check. Please be aware that you are not eligible for licensure if you have been convicted of a felony and have not been pardoned, or had your civil rights restored.

15. Have you completed all required mandated entry-level training to include the Bail Bondsman Exam? (40E)

☐ Yes Date Completed: _____ Training School: _____
mm/dd/yy

☐ No If No, a license cannot be issued until training has been completed. For more information on where to obtain the training, please view our website www.dcjs.virginia.gov/pss/index.cfm or contact our customer service representatives for training requirements.

16. Have you had your photo taken by a certified training school or with this Department? ☐ Yes ☐ No*

*If "No", you **MUST** schedule an appointment to have your photo taken at an approved photo site in order for you license to be issued upon final approval. For a list of available photo sites, please view our website www.dcjs.virginia.gov/pss/index.cfm or contact our customer service representatives for training requirements.

17. Are you going to carry or have access to a firearm while on duty? ☐ Yes* ☐ No

* If "Yes", you **MUST** also submit an application and fee for a firearm endorsement (Form PSS_RF) and complete all required firearms training.

18. If you are an **owner** of the business, please list the name and social security number or DCJS 99# for all agent bail bondsmen under your employment:

Name	SSN or DCJS 99#
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Name	SSN or DCJS 99#
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If more space is needed, please attach an additional sheet of paper.

19. If you are an **agent bail bondsmen**, please provide the name of your employing bail bondsman and business name.

First Name	MI	Last Name
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Business Name

20. If you are a **Surety** Bail Bondsman applicant, you must attach **both** of the following:

- a) Proof of being licensed as a Property and Casualty Insurance Agent in the form of a certification no more than 90 days old.
- b) Copies of each qualifying power of attorney that will be used to provide surety. Each must contain the name and contact information for both the surety agent and the registered agent of the issuing company. If unable to obtain a qualifying power of attorney check here. ☐ **You MUST file the qualifying power of attorney within 30 days of receipt of your license.**

21. If you are a **Property** Bail Bondsman applicant, please provide proof of collateral of \$200,000 on your bonds and proof of collateral of \$200,000 on the bonds of each of your agents. Any collateral that is not in the form of real estate, cash or certificates of deposit issued by a FCIC-insured financial institution shall be specifically approved by the Department before it may be used as collateral.

22. Check the type and amount of collateral that will be used (must equal \$200,000): For employing bail bondsmen, please provide proof of \$200,000 collateral for each of your agent bail bondsmen.

- ☐ Real Estate \$ _____ ☐ Cash or Certificates of Deposit \$ _____
- ☐ Other \$ _____

If Real Estate, you must attach the following:

- a) A true copy of the current real estate tax assessment, certified by the appropriate assessing officer of the locality wherein such property is located **or** an appraisal* of the fair market value of the real estate, which appraisal shall have been prepared by a licensed real estate appraiser, within one year from the date of submittal. ☐ Real Estate Tax Assessment **or** ☐ Appraisal
- b) An affidavit by the property bail bondsman applicant that states, to the best of such person's knowledge, the amount of equity in the real estate, and the amounts due under any obligations secured by liens or similar encumbrances against the real estate, including any delinquent taxes, as of the date of the submission. ☐ Affidavit

If Cash or Certificates of Deposit, you must attach **both** of the following:

- a) Verification of the amounts
- b) The names of the financial institutions in which they are held. (Must be FDIC-insured.)

Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections and the Regulations Relating to Property & Surety Bail Bondsman.

Print Name: _____

Signature Required: _____ Date: _____
mm/dd/yy

Please make sure you have enclosed the following:

<input type="checkbox"/> Initial License Fee (\$900.00)
<input type="checkbox"/> If applicable, Fingerprint Application Form, Fingerprint Card and Feed (\$50.00)
<input type="checkbox"/> If applicable, Firearms Endorsement Application and Fee (\$10.00)
<input type="checkbox"/> If applicable, copies of correspondence required in Question 13.
<input type="checkbox"/> If Surety applicant, proof of P&C license and copies of POA as required in Question 20.
<input type="checkbox"/> If Property applicant, proof of collateral as required in Question 22.
The check or money order should be made payable to: Treasurer, Commonwealth of Virginia
Total Fees Enclosed: \$